

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2	1		1				52					
3	2		1				53					
4	3		1				54					
5	1		1				55					
6	1		1				56					
7	1		1				57					
8	1		1				58					
9	1		1				59					
10	1		1				60					
11	0		1				61					
12	1		1				62					
13	1		1				63					
14	0		1				64					
15	0		1				65					
16	0		1				66					
17	0		1				67					
18	0		1				68					
19	0		1				69					
20	0		1				70					
21	0		1				71					
22	0		1				72					
23	0		1				73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			1				TOTAL IND.					
TOTAL DEP.			22				TOTAL DEP.					
TOTAL CLAIMS			23				TOTAL CLAIMS					